

Instructions for the Transaction Approval Form 3

The Form 3 provides key information about the agreement and its financial terms, confirms DCAM approval of a lease or other rental agreement, and confirms commencement of the lease term.

At the top left-hand side of the form, check the appropriate box to identify whether the Transaction Approval is for a new lease, lease amendment, tenancy, authorization to pay rent without a written agreement, or other type of agreement.

Fill in the requested information starting with "User Agency Name." If you are filling this in on computer, some information will be calculated for you.

User Agency Name: The User Agency submitting the form.

Name of Office/Facility: Identify by name the activity to be housed at the premises.

Address & Zip Code: The street address, city or town, and zip code of the building as stated in the lease or other rental agreement.

SF: The SF for office or other type of space, as identified in the lease; there is room on the form for two entries, if necessary, to calculate total SF.

Staff: The number of full time equivalent (FTE) staff that will occupy the premises.

SF/FTE: This number is computed by dividing the total SF by the number of full-time equivalent staff.

Reserved Parking: The number of *reserved* parking spaces as stated in the lease.

1. SUMMARY OF AGREEMENT

Term: Enter the projected or actual begin and end dates for the term of this agreement. Identify the number of years and months in the term. For an amendment that does not extend an existing agreement, the begin date is the date the amendment is expected to commence and the end date is the end date of the existing agreement.

Type of Space: Check the appropriate box to identify whether the owner of the space is a public or private entity.

Landlord: The name and mailing address of the landlord as stated in the agreement, the name and telephone number of the contact person, and the landlord's vendor code number, if known.

Base Rent; Rent Period, Rent: Identify the projected or actual begin date and end date for each year of the agreement. Using the lease or other agreement, enter the annual rent for each year or partial year of the agreement. Enter the rate/SF, Monthly Rent, and the Averages over the term of the agreement. Enter rent information for this agreement only. Attach a separate page, if necessary, to identify the rent over the entire period of the agreement.

Rental Account(s): Identify the account number(s) and type of account(s) from which the rent and other identified costs will be paid.

Costs Not Included in Base Rent: Identify or estimate the annual dollar amount in Year 1 for any costs that are not included in the base rent. This may include costs paid to the landlord or another party. Use the listed categories as a guide. Place the annual amount in the landlord column if the separate payments will be made to the landlord, and in the "other" column if the separate payments will be made to someone other than the landlord (e.g., the utility company). Use "Escalation" for payment of increases in expenses (e.g., taxes or operating expenses) over a base year. Using the space provided, identify the escalation, one-time payment, or other excluded cost. If you are completing this form on computer, the total cost for each column will be calculated. If you are completing the form by hand, fill in the Estimated Cost (Year 1) for each column.

Estimated Yr. 1 Total Occupancy Cost: Add the annual rent for Year 1 and all costs not included in Base Rent. If you are completing this form on computer, the Cost will be calculated. If you are completing the form by hand, please enter this information.

Estimated Yr. 1 Cost/SF: Divide the Estimated Total Occupancy Cost (Year 1) by the SF identified above. If you are completing this form on computer, the Cost/SF will be calculated. If you are completing the form by hand, please enter this information.

2. APPROVALS

Approvals & Submission to DCAM: To submit the Form 3 to DCAM for approval of a lease or rental agreement, have the completed form signed and dated by an authorized signatory for the User Agency. Enter the title of the signatory and the name and telephone number of the User Agency contact person.

3. CONFIRMATION OF OCCUPANCY/COMMENCEMENT OF LEASE TERM

If the occupancy date under the lease is determined at the time that this form is submitted to DCAM (e.g., for amendments or extensions where no additional buildout is required), complete this Confirmation of Occupancy section and have it signed by an authorized signatory before submitting the form for DCAM approval. Enter the actual date of occupancy, the date on which the agreement will terminate, and the actual rent to be paid under the agreement for each fiscal year.

In all other cases, the Confirmation of Occupancy section should not be completed until all required buildout has been finished and the User Agency has taken occupancy of the space. A copy of the Form 3 will be returned to you after DCAM has approved the lease or rental agreement. Retain this form; when the User Agency has taken occupancy, complete the Confirmation of Occupancy section, have it signed by an authorized signatory, and return it promptly to DCAM.

Enter the actual date of occupancy, the date on which the lease is due to terminate, and the actual rent for each fiscal year. Attach copies of Certificate of Completion, Certificate of Occupancy, Engineer Certificate, and Certificates of Insurance, if not previously submitted to DCAM.

TRANSACTION APPROVAL

3

<input type="checkbox"/> New Lease	<input type="checkbox"/> Lease Amendment #
<input type="checkbox"/> Tenancy	<input type="checkbox"/> Authorization to Pay Rent without
<input type="checkbox"/> Other: _____	Written Agreement

For DCAM use:	
DCAM Project No:	_____
Facility Code:	_____
DCAM Project Manager:	_____

DCAM / Office of Leasing & State Office Planning 617-727-8000 x800

USER AGENCY NAME:				NAME OF OFFICE/FACILITY:			
ADDRESS:							
ZIP CODE:							
SF:	1	0	1	STAFF [FTE]:	1	SF/FTE:	1
				RESERVED PKG:			

1. SUMMARY OF AGREEMENT

TERM: Beginning _____ (date) for a period of _____ (number of years and months)
and ending _____ (date).

TYPE OF SPACE: Public ☐ Private ☐

LANDLORD

Name: _____

Mailing Address: _____

Contact Person: _____ Telephone #: _____

Vendor Code # (if known): _____

COSTS NOT INCLUDED IN BASE RENT:

Estimated Year 1 Cost:	Paid to:	
	Landlord	Other
Electricity [Lights & Plugs]	_____	_____
HVAC	_____	_____
Parking	_____	_____
Janitorial	_____	_____
Escalation: _____	_____	_____
One-time payment: _____	_____	_____
Other: _____	_____	_____
TOTAL	\$0.00	\$0.00
Estimated Yr. 1 Total Occupancy Cost:		\$0.00
Estimated Yr. 1 Cost/SF:		\$0.00

BASE RENT for This Agreement

SF: 1

RENT PERIOD			RENT		
Year	Begin Date	End Date	Rate/SF	Annual Rent	Monthly Rent
1					
2					
3					
4					
5					
Average:					

RENTAL [] State [] Federal [] Trust Fund # _____

ACCOUNT(S): [] State [] Federal [] Trust Fund # _____

2. APPROVALS

USER AGENCY Sufficient funds are included or have been requested in the budget to cover the cost of this agreement.		DCAM	
Authorized Signature _____	Date _____	Authorized Signature _____	Date _____
Title _____		Commissioner _____	Title _____
User Agency Contact Name _____	Telephone # _____	DCAM Project Manager _____	Date _____

3. CONFIRMATION OF OCCUPANCY / COMMENCEMENT OF LEASE TERM

USER AGENCY Commencement Date of Lease: _____ Expiration Date of Lease: _____	<table border="1"> <tr> <th>Fiscal Year</th> <th>Annual Cost by Fiscal Year</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Fiscal Year	Annual Cost by Fiscal Year											DCAM Reviewed by: _____ Date: _____
Fiscal Year	Annual Cost by Fiscal Year													

User Agency has obtained a copy of the Certificate of Completion, Certificate of Occupancy, Engineer Certification, and Certificates of Insurance. (Attach if not previously submitted.)

Authorized Signature: _____ Date: _____